

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46887  
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3063

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bellefontaine Neighbors.</b>		c. CITY OR TOWN <b>Bellefontaine Neighbors.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10420 Coburg Lands Dr.</b>		d. STREET ADDRESS (If outside, give location) <b>10420 Coburg Lands Dr.</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Tarro</b> Last <b>Tarro</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>3,</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tavern Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TAVERN</b>	
11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Tarro Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Contratto</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Ann Tarro</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>351-28-6524</b>		17. INFORMANT <b>Genevieve T. Bennett, 10420 Coburg Lands, Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4200 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PULMONARY EMPHYSEMA</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:30</b> Month, Day, Year <b>12-3-57</b> a.m. <b>AM</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Carlinville, Illinois.</b>	
21. I attended the deceased from <b>11-30-57</b> to <b>12-3-57</b> and last saw him alive on <b>12-2-57</b> Death occurred at <b>11:30 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>12-3-57</b>	
23a. SIGNATURE <b>Walter J. Kutryb, M.D.</b>		23b. ADDRESS <b>6000 W. Flourissant</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mayfield Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carlinville, Illinois.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		25. DATE RECD. BY LOCAL REG. <b>12-4-57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Ponce</b>		27. DATE <b>12-3-57</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

acc

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4108

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.